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## IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office  
Examiner: Thao T. Tran  
Art Unit: 1711

DATE: February 21, 2006

FROM: Lawrence J. McClure

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 43

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### MESSAGE:

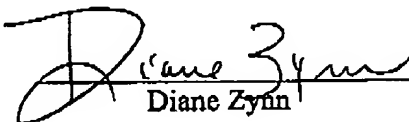
RE: U.S. Patent Application Serial No.: 10/667,134 Our Ref. 89227.0005

I hereby certify that the following documents:

- Amendment Under 37 CFR §1.116
- Amendment Transmittal Letter/Petition for Extension of Time

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

February 21, 2006  
Date of Deposit

  
Diane Zynn

TELECOPY/FAX NUMBER: (571) 273-8300 - Art Unit 1711

CLIENT NUMBER: 89227.0005

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (please return fax to Diane Zynn)

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FORM PTO-1083

Attorney Docket No. 89227.0005  
Customer No. 26021

FEB 21 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Kan FUJIHARA et al.  
Serial No: 10/667,134  
Confirmation No: 7184  
Filed: September 19, 2003  
For: Polyimide Film and Laminate Having Metal Layer and Same

Art Unit: 1711  
Examiner: Thao T. Tran

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
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Signature *Diane Zynn* 02/21/06  
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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Petition for Extension of Time (1-Month).

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	21	-	25	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	6	-	6	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
Independent Claims 5, 11, 18, 19, 25					TOTAL	\$ 0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the amount of \$ 0 to cover the additional claims fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Please charge the amount of \$ 120 to cover the one-month extension fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By: *Lawrence J. McClure*  
Lawrence J. McClure  
Registration No. 44,228  
Attorney for Applicant(s)

Date: February 21, 2006

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